

Information

The Professional Satisfaction of New Mexico Physicians

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A JOB SATISFACTION QUESTIONNAIRE was sent to 2,100 New Mexico physicians. A total of 410 (approximately 20%) responded. Respondents represented all the major medical specialties in the proportion that exists in practice in New Mexico. In all, 65% indicated that they were moderately or very satisfied with practice in the past two years, but 35% were mildly or very dissatisfied. Happiest were family practitioners, psychiatrists, and pediatricians; unhappiest were general surgeons and internists. Physician satisfaction by age showed a modest decrease for those between 45 and 54 years of age as compared with those a decade younger, and a further decrease was noted in those over 55.

The major source of dissatisfaction for 45% of all physicians in the study was the threat of malpractice and the high insurance premiums involved. A loss of control of patient care to third parties was the next-most-prevalent source of dissatisfaction (40%). Many physicians also mentioned the new stress of unpleasant competition between individuals and hospitals. By contrast, inadequate free time was the major frustration for women physicians (40%), with income too low for effort ranking second (38%). By practice type, medical school faculty (78%) and those working in multispecialty clinics (75%) indicated the greatest degree of satisfaction. Hospital-based physicians, such as radiologists, pathologists, and anesthesiologists, were relatively satisfied. Very few physicians seemed unhappy in the role of gatekeeper. Only 20% had seriously considered changing their specialty, but 45% of all responding physicians would leave medicine if they were financially independent. This figure is even higher for general surgeons (65%) and obstetrician-gynecologists (70%) (Figure 1).

General surgeons and orthopedists thought there were too many physicians being trained in their specialties, and family practitioners and internists thought the numbers were about right. A total of 58% of responding physicians indicated they would discourage college students from going into medicine, while 80% of obstetrician-gynecologists and 68% of general surgeons felt this way (Figure 2).

By far the most frequent recommendation for change was for organized medicine to support tort reforms in relation to malpractice problems.

Earlier studies of physician satisfaction, especially those of Mawardi,^{1,2} showed entirely different patterns. Her study, which followed physicians from the Case Western Reserve University (Cleveland) graduating classes of 1956 through 1965 for several decades, indicated that physicians as a whole

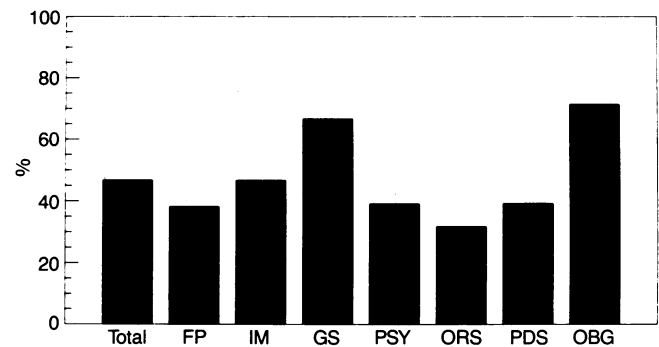


Figure 1.—The graph shows the percentage per specialty of physicians who responded that they would leave medicine if financially independent. FP = family practice; IM = internal medicine; GS = general surgery; PSY = psychiatry; ORS = orthopedics; PDS = pediatrics; OBG = obstetrics-gynecology

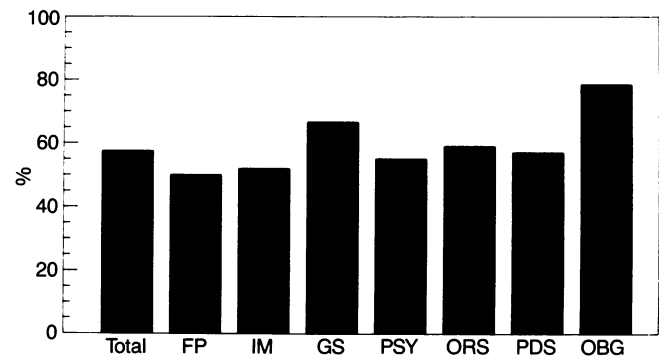


Figure 2.—The graph shows the percentage of physicians who would discourage college students from going into medicine. FP = family practice; IM = internal medicine; GS = general surgery; PSY = psychiatry; ORS = orthopedics; PDS = pediatrics; OBG = obstetrics-gynecology

were content with their practices, and few said they would have chosen a different career. They were primarily stressed by time pressures of work and lack of leisure time. Only those practicing in California complained of any problem with malpractice suits, and none reported problems with patient care restrictions by third parties.¹ In her follow-up study of the same group in 1979, malpractice threats and premiums were on the minds of all respondents, and the adverse effect on physician-patient relationships was a related stress. Time pressures had been somewhat relieved by group practice arrangements.²

It seems, therefore, that the major sources of dissatisfaction for the physicians answering this questionnaire—that is, malpractice threats and premiums, third-party control of medical decisions, and the unpleasant competitive conflicts between individual physicians and hospitals—are related to changes in medical practice patterns in this decade. Although each person is ultimately responsible for his or her own happiness and job satisfaction, negative external factors can increase the difficulty in achieving this goal. Perhaps the nature of the above irritants requires organizational and political solutions that can only be initiated by professional societies and group action.

REFERENCES

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